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**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,342,010, granted 1/29/02, and for which a reissue patent is sought on the invention entitled

Personalized Wireless Video Game System

the specification of which

☒ is attached hereto.☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_

and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)					Docket Number (Optional)	
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p>						
Name(s)		Registration Number				
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> Customer Number <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 10px;"></div> <div style="border: 1px solid black; padding: 2px; margin-left: 10px; flex-grow: 1;"> Place Customer Number Bar Code Label here </div> </div> <p style="text-align: center; margin-top: 5px;">Type Customer Number here</p>						
<input checked="" type="checkbox"/> Firm or Individual Name	Russell D. Slifer					
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Address						
City	Boise	State	Id	Zip	83712	
Country	U.S.					
Telephone	208-344-1129		Fax			
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>						
Full name of sole or first inventor (given name, family name)						
Inventor's signature		Russell Dale Slifer				
Residence		Date 1/22/04				
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Full name of second joint inventor (given name, family name)						
Inventor's signature		Date				
Residence		Citizenship				
Mailing Address						
Full name of third joint inventor (given name, family name)						
Inventor's signature		Date				
Residence		Citizenship				
Mailing Address						
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.						